and a statement of the names and quantities of the ingredients that are hazardous or poisonous.

(c) There is no such proposal at present.'

Health Problem Among Indian Women

1146. SHRI VAYALAR RAVI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news-item published in Hindustan Times of 12th February, 1999 under the caption "serious Health Problems among Indian Women" by the US Census Bureau;

(b) whether Government have examined the report; and

(c) if so, the details thereof and the reaction thereto?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) Yes, Sir.

(b) Yes, Sir.

(c) This report on the health status of Indian women focuses on low female life expectancy, high maternal mortality, high fertility, lack of adequate care during pregnancy, nutritional deficieny, HIV/ AIDS, Low level of education and violence against women. Improvement of women's health status has always been a priority area for the Minsitry of Health and Family Welfare. Female life expectancy at birth has improved from 44.7 in 1971 to 58.7 is 1991 (Census India) and is higher than male expectancy at 57.7 (1991). The Government, however, recognises that the health status of Indian women has to register further improvement. The RCH (Reporductive and Child Health) Programme which was launched in 1997, while continuing and intensifying the earlier programmes in the area of child survival and safe motherhood (for both male and female children) have introduced new initiatives in the problem areas of women's health. These are:

> Provisions for essential and emergency obsteric care, promotion of institutional deliveries; provision of referral transportation for indigent families in eight States, and prevention of treatment of reporductive tract infections and sexually transmitted diseases.

The RCH programme seeks to integrate all such specific interventions into a unified programme strongly backed by Information, Education and Communication activities.

Steps to Ban Human Cloning

1147. SHRI SURYABHAN PATIL VAHADANE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what steps have been taken by Government to enact a law banning human cloning; and

(b) if so, the details thereof; if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) and (b) A Draft Consultative Document on Ethical Guidelines on Biomedical Research involving Human subject has been prepared by the Central Ethical Committee of ICMR. One of the major areas covered by this document related to Human Genetics wherein a ban on Human cloning by law has been suggested. This document has been circulated to loading Scientific and Non-Scientifc Institutions/Organisations, medical colleges, State Health Departments, Faculty of Law, Journalists and other eminent citizens of the country inviting their comments. Goverment will take a view after the ICMR finalises their | approach based on the comments received.